

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		
2	/						52		
3	/						53		
4	/						54		
5		2					55		
6		2					56		
7		4					57		
8		4					58		
9		4					59		
10		4					60		
11		4					61		
12		4					62		
13		4					63		
14	/						64		
15	/						65		
16	/						66		
17		3					67		
18							68		
19							69		
20							70		
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40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	7						TOTAL IND.		
TOTAL DEP.	39						TOTAL DEP.		
TOTAL CLAIMS	46						TOTAL CLAIMS		